

PDD Program Line Therapist Information Sheet

This form must be completed by each Line Therapist who provides services to the following individual: _____

Line Therapist Name: _____

Line Therapist Address: _____

Line Therapist Telephone Number: _____

Line Therapist Emergency Number: _____

Employer Name: _____

Employer Address: _____

Employer Telephone Number: _____

Service Coordinator's Name: _____

SC Provider/County DSN Board: _____

Agency Telephone: _____

Emergency Telephone: _____